

## HISTORY FACILITY PROFILE

CROSSLANDS HEALTH CARE CTR PROVIDER #: 465110 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 575 EAST 11000 SOUTH PHONE NUMBER: (801) 571-7600 TOTAL: 120  
 SANDY UT 84070 PARTICIPATION DATE: 04/09/1987 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/25/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 120
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TOTAL: 119	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 27	SUSPENSION RESCINDED:	-- -- --
MEDICAID: 64		120
OTHER: 28		

## CURRENT SURVEY REVISIT DATES - 06/25/2002

PRIOR 3 SURVEY 08/1998	S/S CODE	PRIOR 2 SURVEY 11/1999	S/S CODE	PRIOR 1 SURVEY 03/2001	S/S CODE	CURRENT SURVEY 04/25/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E								REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE
X	E	X	E						REQ F0241-DIGNITY
		X	D	X	E	X C D		06/25/2002	REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
						X P B		06/25/2002	REQ F0272-COMPREHENSIVE ASSESSMENTS
									REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E	X	E						REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
X	E								REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	G	X	E						REQ F0311-RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS
X	G								REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	G	X	E				REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
X	D	X	E						REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	G						REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
X	F	X	E	X	E	X C D		06/25/2002	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
X	D								REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
X	F					X C E		06/25/2002	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
X	D					X C D		06/25/2002	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
									REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
									REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
									REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

## EDITION OF LSC APPLIED

85 NEW	85 NEW	85 NEW	85 NEW	
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION
05/1998	09/1999	02/2001	04/30/2002	
X				
			X C	06/25/2002
			X C	06/25/2002
	X			
			X C	06/25/2002
X	X	X		

## LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS  
 K0025-SMOKE PARTITION CONSTRUCTION  
 K0038-EXIT ACCESS  
 K0052-TESTING OF FIRE ALARM  
 K0076-MEDICAL GAS SYSTEM  
 K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	5	4	8	12
HEALTH TOTAL	5	4	8	12
LIFE SAFETY CODE	3	1	2	2
LIFE SAFETY CODE + HEALTH	8	5	10	14

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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06/12/2001	UNSUBSTANTIATED
10/25/2001	SUBSTANTIATED
07/11/2002	SUBSTANTIATED
09/19/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT